

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **DEPARTMENT OF HEALTH & HUMAN SERVICES  
200 Independence Ave,  
S.W. Washington, D.C. 20201**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: **1:25-CV-11048-ADB**

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Server's Signature

Marc K. Duffy, Managing Attorney

\_\_\_\_\_  
Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

\_\_\_\_\_  
Server's Address

Additional information regarding attempted service, etc:

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit the website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check one, add fees as appropriate)

|  |    |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

Total Postage

Post to

Street and zip

City, State, ZIP

Department Of Health & Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

PS Form 3840, April 2015 PSN 7530-02-000-9030 See Reverse for instructions

53468  
EIGHTY-THREE

HC-6000

**CERTIFIED MAIL**  
Department Of Health & Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Department Of Health & Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

9590 9402 5527 9049 3946 92

2. Article Number (Transfer from service label)

7021 0950 0000 3733 2127

PS Form 3811, July 2015 PSN 7530-02-000-9030

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

ROPES & GRAY LLP  
PRUDENTIAL TOWER  
800 BOYLSTON STREET  
BOSTON, MA 02199-3600

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **NATIONAL INSTITUTES OF HEALTH  
9000 Rockville Pike  
Bethesda, Maryland 20892**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

**/s/ – Kayla Mortellite**

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

51468

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee: \$3.50 (includes return receipt by first-class mail)

Additional Services & Fees (check box and fee as appropriate):  
☐ Return Receipt by First-Class Mail® \$2.80  
☐ Certified Mail Restricted Delivery® \$3.50  
☐ Adult Signature Restricted Delivery® \$3.50  
☐ Restricted Signature Restricted Delivery® \$3.50

Postage: \$1.00  
 Total Postage: \$4.50

Item To: National Institutes of Health  
 9000 Rockville Pike  
 Bethesda, Maryland 20892

Street and Apt:  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9003

7021 0950 0000 3733 2141  
 7021 0950 0000 3733 2141

**ROPER & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 National Institutes of Health  
 9000 Rockville Pike  
 Bethesda, Maryland 20892

2. Article Number (Transfer from service label)  
 9590 9402 5527 9249 3947 15

3. Article Number (Transfer from service label)  
 7021 0950 0000 3733 2141

PS Form 3811, July 2015 PSN 7530-02-000-9003

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **ROBERT F. KENNEDY, JR.**  
**SECRETARY OF HEALTH AND HUMAN SERVICES**  
**200 Independence Ave, S.W. Washington, D.C. 20201**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_

was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Server's Signature

Marc K. Duffy, Managing Attorney

\_\_\_\_\_  
Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

\_\_\_\_\_  
Server's Address

Additional information regarding attempted service, etc:





**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **UNITED STATES DEPARTMENT OF JUSTICE  
950 Pennsylvania Avenue, NW  
Washington, DC 20530**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

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\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

**ROPES & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)™

**OFFICIAL USE**

**Certified Mail Fee**

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Insured Mail (over \$500) \$

**Postmark**  
**Here**

**11C -6000**

**53468**  
PMJD CL,ALBP

**CERTIFIED MAIL**  
**United States Department of Justice**  
**950 Pennsylvania Avenue, NW**  
**Washington, DC 20530**

**United States Department of Justice**  
**950 Pennsylvania Avenue, NW**  
**Washington, DC 20530**

**ROPES & GRAY**

**7021 0950 0000 3733 1687**  
**7021 0950 0000 3733 1687**

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**United States Department of Justice**  
**950 Pennsylvania Avenue, NW**  
**Washington, DC 20530**

2. Article Number (Transfer from service label)  
**7021 0950 0000 3733 1687**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☐ Adult Signature ☐ Registered Mail™  
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery  
☐ Certified Mail ☐ Return Receipt for Merchandise  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-0033 Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **PAMELA J. BONDI  
ATTORNEY GENERAL OF THE UNITED STATES  
UNITED STATES DEPARTMENT OF JUSTICE  
950 Pennsylvania Avenue, NW Washington, DC 20530**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:



**ROPES & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Delivery Mail Fee

Delivery Services & Fees (print and add fee as appropriate)

|  |    |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy)               | \$ |
| <input type="checkbox"/> Return Receipt (electronic)             | \$ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required                | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | \$ |

Postage

Total Postage

Item #

Weight and Dimensions

PS Form 3805, April 2015 PSN 7530-02-000-9031 See Reverse for Instructions

**CERTIFIED MAIL**  
 Pamela J. Bondi  
 Attorney General of The United States  
 United States Department Of Justice  
 950 Pennsylvania Avenue, NW  
 Washington, DC 20530

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pamela J. Bondi  
 Attorney General of The United States  
 United States Department Of Justice  
 950 Pennsylvania Avenue, NW  
 Washington, DC 20530

2. Article Number (Transfer from service label)

7021 0950 0000 3733 1663

PS Form 3811, July 2015 PSN 7530-02-000-9033

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **UNITED STATES DEPARTMENT OF EDUCATION  
400 Maryland Avenue, SW  
Washington, D.C. 20202**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: **1:25-CV-11048-ADB**

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

**CERTIFIED MAIL**  
United States Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202

53468  
HC-6000

7021 0950 0000 3733 1670  
7021 0950 0000 3733 1670

United States Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202

PS Form 3811, April 2015 PSN 7530-02-000-9053

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
United States Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202

2. Article Number (Transfer from service label)  
7021 0950 0000 3733 1670

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**ROPER & GRAY LLP  
PRUDENTIAL TOWER  
800 BOYLSTON STREET  
BOSTON, MA 02199-3600**

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **LINDA M. MCMAHON  
SECRETARY OF EDUCATION  
UNITED STATES DEPARTMENT OF EDUCATION  
400 Maryland Avenue, SW Washington, D.C. 20202**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

**/s/ – Kayla Mortellite**

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date)\_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:



**ROPES & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

**CERTIFIED MAIL Fee**

1. Service & Fees (check box, add fee as appropriate)

|   |    |
|---|----|
| <input type="checkbox"/> Return Receipt (hardcopy)          | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required           | \$ |
| <input type="checkbox"/> Signature Confirmation             | \$ |
| <input type="checkbox"/> Signature Restricted Delivery      | \$ |

Postmark: \_\_\_\_\_

Postage: \_\_\_\_\_

Postage Paid: \_\_\_\_\_

Send To: \_\_\_\_\_

Postage and Fee: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

PS Form 3811, April 2015 PSN 7530-02-000-9033 See Back for Instructions

**CERTIFIED MAIL**  
 Linda M. McMahon  
 Secretary Of Education  
 United States Department of Education  
 400 Maryland Avenue, SW  
 Washington, D.C. 20202

53468  
 HC 66000

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3.  
 2. Print your name and address on the reverse so that we can return this card to you.  
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Linda M. McMahon  
 Secretary Of Education  
 United States Department of Education  
 400 Maryland Avenue, SW  
 Washington, D.C. 20202

2. Article Number (Transfer from service label)  
 7021 0950 0000 3733 1654

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X \_\_\_\_\_  
☐ Agent  
☐ Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

4. Service Type  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9033 Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **UNITED STATES GENERAL SERVICES ADMINISTRATION  
1800 F Street NW  
Washington, DC 20405**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: **1:25-CV-11048-ADB**

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

**ROPES & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7021 0950 0000 3733 1717  
 7021 0950 0000 3733 1717

United States General Services Administration  
 1800 F Street NW  
 Washington, DC 20405

HC-6000 53468

**CERTIFIED MAIL**  
 United States General Services Administration  
 1800 F Street NW  
 Washington, DC 20405

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States General Services Administration  
 1800 F Street NW  
 Washington, DC 20405

9590 9402 5527 9249 3947 77

2. Article Number (transfer from service label)  
 7021 0950 0000 3733 1717

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X ☐ Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type ☐ Priority Mail Express®  
☐ Adult Signature ☐ Registered Mail™  
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery  
☐ Certified Mail® ☐ Return Receipt for Merchandise  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **STEPHEN EHIKIAN  
ACTING ADMINISTRATOR  
UNITED STATES GENERAL SERVICES ADMINISTRATION  
1800 F Street NW  
Washington, DC 20405**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:





7021 0950 0000 3733 1724  
7021 0950 0000 3733 1724

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

**Certified Mail Fee**

Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

**Postage**

\$

**Total Postage**

\$

**Sent To**

Street and Apt.

City, State, ZIP+4

Stephen Ehikian  
Acting Administrator  
United States General Services  
Administration  
1800 F Street NW  
Washington, DC 20405

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

HC-6000

53468

EMPLOYEE NUMBER

FILE

**CERTIFIED MAIL**

Stephen Ehikian  
Acting Administrator  
United States General Services Administration  
1800 F Street NW  
Washington, DC 20405

ROPES & GRAY LLP  
PRUDENTIAL TOWER  
800 BOYLSTON STREET  
BOSTON, MA 02199-3600

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Stephen Ehikian  
Acting Administrator  
United States General Services  
Administration  
1800 F Street NW  
Washington, DC 20405



9590 9402 5527 9249 3947 84

**2. Article Number (Transfer from service label)**

7021 0950 0000 3733 1724

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

☐ Agent

☒ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

**D. Is delivery address different from item 1?** ☐ Yes  
If YES, enter delivery address below: ☐ No

**3. Service Type**

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

Civil Action No.:  
**1:25-CV-11048-ADB**

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **UNITED STATES DEPARTMENT OF ENERGY  
1000 Independence Ave., SW  
Washington, DC 20585**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Postage: \_\_\_\_\_  
Certified Mail Fee: \_\_\_\_\_  
Return Receipt (hardcopy): ☐ \_\_\_\_\_  
Return Receipt (electronic): ☐ \_\_\_\_\_  
Restricted Delivery: ☐ \_\_\_\_\_  
Signature Confirmation: ☐ \_\_\_\_\_  
Insured Mail: ☐ \_\_\_\_\_  
Registered Mail: ☐ \_\_\_\_\_  
Signature Restricted Delivery: ☐ \_\_\_\_\_

United States Department of Energy  
1000 Independence Ave., SW  
Washington, DC 20585

PS Form 3811, July 2015 PSN 7530-02-000-0003

**SENDER: COMPLETE THIS SECTION**

● Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
United States Department of Energy  
1000 Independence Ave., SW  
Washington, DC 20585

2. Article Number (Transfer from service label)  
7021 0950 0000 3733 1731

PS Form 3811, July 2015 PSN 7530-02-000-0003

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X \_\_\_\_\_  
☐ Agent  
☐ Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery  
☐ Registered Mail  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**UNITED STATES DEPARTMENT OF ENERGY**  
1000 Independence Ave., SW  
Washington, DC 20585

53468  
11C-6000

**UNITED STATES DEPARTMENT OF ENERGY**  
1000 Independence Ave., SW  
Washington, DC 20585

**ROPER & GRAY LLP**  
PRUDENTIAL TOWER  
800 BOYLSTON STREET  
BOSTON, MA 02199-3600



**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

Civil Action No.:  
**1:25-CV-11048-ADB**

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **CHRISTOPHER WRIGHT  
SECRETARY OF ENERGY  
U.S. DEPARTMENT OF ENERGY  
1000 Independence Ave., SW  
Washington, DC 20585**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:



**ROPES & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

**U.S. Postal Service™**  
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**OFFICIAL USE**

**CERTIFIED MAIL**  
 Christopher Wright  
 Secretary Of Energy  
 U.S. Department of Energy  
 1000 Independence Ave., SW  
 Washington, DC 20585

**HC-6000**  
**53448**  
 JUL 2015 PSN 7530-02-030-9053

**7021 0950 0000 3733 1748**  
**7021 0950 0000 3733 1748**

**Postage**  
 Total Postage  
 Sent To  
 Street and Apt  
 City, State ZIP

**Christopher Wright**  
**Secretary Of Energy**  
**U S Department of Energy**  
**1000 Independence Ave , SW**  
**Washington, DC 20585**

**PS Form 3811, April 2015 PSN 7530-02-030-9053**

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Christopher Wright  
 Secretary Of Energy  
 U S Department of Energy  
 1000 Independence Ave , SW  
 Washington, DC 20585

**9590 9402 5527 9249 3948 07**

2. Article Number (Transfer from service label)  
**7021 0950 0000 3733 1748**

**PS Form 3811, July 2015 PSN 7530-02-030-9053**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

**Domestic Return Receipt**

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **UNITED STATES NATIONAL SCIENCE FOUNDATION  
2415 Eisenhower Ave  
Alexandria, VA 22314**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

**/s/ – Kayla Mortellite**

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:

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**OFFICIAL USE**

**United States National Science Foundation**  
2415 Eisenhower Ave  
Alexandria, VA 22314

**7021 0950 0000 3733 1793**  
**7021 0950 0000 3733 1793**

**HC-6000** **53468**

**CERTIFIED MAIL**  
United States National Science Foundation  
2415 Eisenhower Ave  
Alexandria, VA 22314

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
United States National Science Foundation  
2415 Eisenhower Ave  
Alexandria, VA 22314

**9590 9402 5527 9249 3948 45**

2. Article Number (Transfer from service label)  
**7021 0950 0000 3733 1793**

**PS Form 3811, July 2015 PSN 7530-02-000-9053**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

**ROPES & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

**Domestic Return Receipt**

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **SETHURAMAN PANCHANATHAN  
DIRECTOR OF NATIONAL SCIENCE FOUNDATION  
2415 Eisenhower Ave Alexandria, VA 22314**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:



**ROPES & GRAY LLP**  
**PRUDENTIAL TOWER**  
**800 BOYLSTON STREET**  
**BOSTON, MA 02199-3600**

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**OFFICIAL USE**

Article Number: 7021 0950 0000 3733 1755

Postmark: [Blank]

Service: ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery™ ☐ Registered Mail Signature Confirmation™ ☐ Registered Mail Signature Restricted Delivery™

Postage: \$ [Blank]

Weight: [Blank]

Sender: Sethuraman Panchanathan  
 Director of National Science Foundation  
 2415 Eisenhower Ave  
 Alexandria, VA 22314

City: [Blank]

PS Form 3806, April 2015 PSN 7530-02-000-9095

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Sethuraman Panchanathan  
 Director of National Science Foundation  
 2415 Eisenhower Ave  
 Alexandria, VA 22314

2. Article Number (Transfer from service label)  
 7021 0950 0000 3733 1755

PS Form 3811, July 2015 PSN 7530-02-000-9095

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise  
☐ Collect on Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **DEPARTMENT OF DEFENSE  
1400 Defense Pentagon  
Washington, DC 20301-1000**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:



7021 0950 0000 3733 1809  
7021 0950 0000 3733 1809

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**OFFICIAL USE**

**Certified Mail Fee**

Extra Services & Fees (check box, add fee as appropriate)

|  |    |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (e electronic)       | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

**Postage**

\$ Total Postage

\$ Sent To

Street and Apt

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

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City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

City, State, Zip

Department of Defense  
1400 Defense Pentagon  
Washington, DC 20301-1000

Postmark  
Here

HC-6000

53468

EMPLOYEE NUMBER

FILE

**CERTIFIED MAIL**  
Department of Defense  
1400 Defense Pentagon  
Washington, DC 20301-1000

ROPES & GRAY LLP  
PRUDENTIAL TOWER  
800 BOYLSTON STREET  
BOSTON, MA 02199-3600

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Department of Defense  
1400 Defense Pentagon  
Washington, DC 20301-1000



9590 9402 5527 9249 3948 69

**2. Article Number (Transfer from service label)**

7021 0950 0000 3733 1809

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

**D. Is delivery address different from item 1? ☐ Yes**  
If YES, enter delivery address below: ☐ No

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **PETER B. HEGSETH  
SECRETARY OF DEFENSE  
DEPARTMENT OF DEFENSE  
1000 Defense Pentagon Washington, DC 20301-1000**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
\_\_\_\_\_  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:





7021 0950 0000 3733 1786  
7021 0950 0000 3733 1786

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**OFFICIAL USE**

**Certified Mail Fee**

Extra Services & Fees (check box, add fee as appropriate)

|  |    |  |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |  |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |  |
| <input type="checkbox"/> Adult Signature Required            | \$ |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |  |

Postmark  
Here

**Postage**

\$ Total Postage

\$ Sent To

Street and Apt.

City, State, ZIP

Peter B. Hegseth  
Secretary of Defense  
Department of Defense  
1000 Defense Pentagon  
Washington, DC 20301-1000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

53468

EMPLOYEE NUMBER

HC-6000

FILE

**CERTIFIED MAIL**

Peter B. Hegseth  
Secretary of Defense  
Department Of Defense  
1000 Defense Pentagon  
Washington, DC 20301-1000

**ROPES & GRAY LLP  
PRUDENTIAL TOWER  
800 BOYLSTON STREET  
BOSTON, MA 02199-3600**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Peter B. Hegseth  
Secretary of Defense  
Department of Defense  
1000 Defense Pentagon  
Washington, DC 20301-1000



9590 9402 5527 9249 3948 38

**2. Article Number (Transfer from service label)**

7021 0950 0000 3733 1786

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

**D. Is delivery address different from item 1?** ☐ Yes  
If YES, enter delivery address below: ☐ No

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **NATIONAL AERONAUTICS AND SPACE ADMINISTRATION  
300 E Street SW  
Washington, DC 20546**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Steven Paul Lehotsky  
LEHOTSKY KELLER COHN LLP  
200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

**/s/ – Kayla Mortellite**

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: 1:25-CV-11048-ADB

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_  
was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Mailed to the U.S. agency via Certified Mail on 4/23/2025, receipt is  
attached hereto.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

4/24/2025

Date

  
Server's Signature

Marc K. Duffy, Managing Attorney

Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

Server's Address

Additional information regarding attempted service, etc:





7021 0950 0000 3733 1779  
7021 0950 0000 3733 1779

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Postage

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Total Postage \$

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Street and Apt.

City, State, ZIP+

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

National Aeronautics and Space  
Administration  
300 E Street SW  
Washington, DC 20546

HC-6000

53468

EMPLOYEE NUMBER

FILE

**CERTIFIED MAIL**  
National Aeronautics and Space Administration  
300 E Street SW  
Washington, DC 20546

ROPES & GRAY LLP  
PRUDENTIAL TOWER  
800 BOYLSTON STREET  
BOSTON, MA 02199-3600

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**1. Article Addressed to:**

National Aeronautics and Space  
Administration  
300 E Street SW  
Washington, DC 20546



9590 9402 5527 9249 3948 21

**2. Article Number (Transfer from service label)**

7021 0950 0000 3733 1779

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

☐ Agent

☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

**D. Is delivery address different from item 1? ☐ Yes**  
If YES, enter delivery address below: ☐ No

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- ☐ Adult Signature Restricted Delivery
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

**PRESIDENT AND FELLOWS OF HARVARD  
COLLEGE**

*Plaintiff*

v.

**US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, ET AL.**

*Defendant*

Civil Action No.:  
**1:25-CV-11048-ADB**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* **JANET E. PETRO  
ACTING ADMINISTRATOR  
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION  
300 E Street SW  
Washington, DC 20546**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

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200 Massachusetts Ave. NW, Suite 700  
Washington, DC 20001

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**ROBERT M. FARRELL**

*CLERK OF COURT*

*/s/ – Kayla Mortellite*

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2025-04-22 10:37:58, Clerk USDC DMA

Civil Action No.: **1:25-CV-11048-ADB**

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I declare under penalty of perjury that this information is true.

4/24/2025

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Server's Signature

Marc K. Duffy, Managing Attorney

\_\_\_\_\_  
Printed name and title

Ropes & Gray LLP, Prudential Tower  
800 Boylston Street, Boston, MA 02199

\_\_\_\_\_  
Server's Address

Additional information regarding attempted service, etc:



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☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$
Postmark  
Here

Postage

\$

Total Postage

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Street and #

City, State, .

 Janet E. Petro  
 Acting Administrator  
 National Aeronautics and Space  
 Administration  
 300 E Street SW  
 Washington, DC 20546

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

53468

EMPLOYEE NUMBER

**CERTIFIED MAIL**
 Janet E. Petro  
 Acting Administrator  
 National Aeronautics and Space Administration  
 300 E Street SW  
 Washington, DC 20546

 ROPES & GRAY LLP  
 PRUDENTIAL TOWER  
 800 BOYLSTON STREET  
 BOSTON, MA 02199-3600
**SENDER: COMPLETE THIS SECTION**

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 Washington, DC 20546


9590 9402 5527 9249 3948 14

## 2. Article Number (Transfer from service label)

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PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt